in the urine falls below 15½ grains a day, after laparotomy, septic peritonitis threatens. He gives the normal amount as 186 grains per diem, which is below that usually stated. So long as the amount of the chlorides remains above 15½ grains, there need be no great cause for uneasiness, even if certain unfavorable symptoms should exist at the time. Thiriar also asserts that in malignant tumors of the abdomen the total amount of the solids of the urine is reduced to nearly one-third of the proper quantity. So marked is this, that he goes so far as to say that malignant and simple stenoses of the pylorus can be differentiated by this test.

Dr. Verchère draws attention to the fact that in cases of delayed union of bones after fracture, there is usually a greatly increased excretion of phosphates. This fact has already been allowed in connection with certain cases of non-union, but the author goes a step further, and declares that this peculiar urine is merely a symptom of a new disease or diathesis, to which the name of phosphatic diabetes is given.

## THE LOCALIZATION OF DERMOID CYSTS.

DR. TRZEBICKY (*Wiener med. Wochenschrift*, 1885, No. 13) discusses this matter especially with reference to three such cysts noticed in unusual sites. One of these was discovered at the back of the head, and the other two were found in the buttock. One of the latter was close to the rectum, and led into the pelvis by a narrow stalk.

It may not be unreasonable to suggest that the first named dermoid cyst may have represented the remains of a meningocele, and, with regard to the tumors about the buttock, they suggest some connection with those congenital sacrococcygeal tumors which so often contain dermoid matters. Such tumors have presented at the outlet of the pelvis, and have been found on dissection to be connected by a pedicle with the sacrococcygeal spine.

## GUNSHOT WOUNDS.

B. v. BECK, in a recent work (*Ueber die Wirkung modener Gewehrprojektile*), has entered into most elaborate considerations as to the effects upon the body of certain modern gun projectiles. The subject is illustrated by experiments upon animals. The work deals mainly with the physics of the matter, and will be of little use in the advance of military surgery. It affords evidence of very considerable labor, which will, however, be of more benefit to the gunmaker than the surgeon. A good abstract of the book appears in the *Centralblatt für Chirurgie* for July 25, 1885.

## A MODIFICATION OF THE CONTINUOUS SUTURE.

DR. ZESAS (*Centralblatt f. Chirurgie*, September 26, 1885) has introduced an excellent modification of the continuous suture. He uses a straight three-edged needle, and, as a suture material, sublimate silk. He begins at one end of the wound by a button suture (*a*), and then applies a quilt suture (Matratzennaht) along the whole length of the incision, as shown in Fig. 1. The wound edges are now drawn together, and the thread carried back to the point (*a*) by means of the ordinary continuous suture, as shown in Fig. 2.

By this suture more than the mere edges of the wound are brought together, and bagging of inflammatory material is almost entirely prevented. Dr. Zesas has used this suture in a large series of wounds, and speaks in very high praise of it.

FIG. 1.

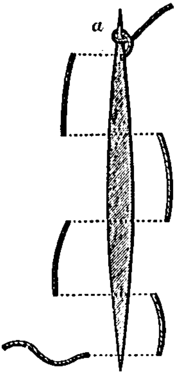
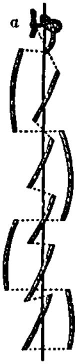


FIG. 2.



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### CONGENITAL FRACTURE AND DISLOCATION OF THE ATLAS.

DR. WM. ALLEN (*Lancet*, October 24, 1885, p. 751) furnishes the most complete account of this somewhat rare condition with which we are acquainted.

The condition has been described by Guérin, who considered it to be probably due to a sliding of the condyles forward with elongation of the anterior ligaments. In the infant the subject of Guérin's remarks, there was such extreme extension of the head that "the head was exactly applied against the posterior part of the neck and upper part of the back." In two specimens of infants examined by Dr. Allen, there was a similar exaggerated degree of extension. Dr. Allen discusses in great detail the anatomy and etiology of the deformity, and brings his paper to an end by the following summary: 1. The injury may be expected to be present if an exaggerated degree of extension of the head is permitted, and more especially if forcible extension of the head or pressure on it from above induces a species of epileptic fit. 2. Probably the fits are due to pressure on the cord at the level of the fracture of the head and spine. At any rate, examination of dissected specimens shows that when the condition of parts permits the head to be bent backward on the spine more than is usual, the osseous and ligamentous structures cause a "dimpling in" of the meninges behind, sufficient to produce considerable narrowing of the canal at this level. 3. Anatomical defect of the atlas, or slenderness of the posterior arch, predisposes to the injury. 4. The fracture-dislocation is